

## Victory Neighbourhood Services Inc. Registration and Information Form

Participating in the Victory Child and Youth Counselling Program will aid children and youth to cope with the challenges that COVID-19 has presented. This program will allow clients to receive counselling services from youth counsellors and social workers and to access resources in their community all from home.

Counselling sessions will take place exclusively online, on platforms such as Zoom, Google Hangouts, or phone calls. In addition to this, a text line is available for those who feel they need extra support in between counselling sessions. This reduces the risk of exposure to COVID-19, and removes the need for transportation to and from counselling appointments.

The purpose of this form is to collect informed consent to engage in the counselling process with our youth counsellors and our clinicians. This means that in order to sign the agreement at the end of this document, you must thoroughly read the information below. Should you need any clarification, do not hesitate to reach out to one of our counsellors.

### Confidentiality

Anything that is said during counselling sessions is confidential, meaning the information you share cannot be discussed with anyone else outside of the Victory Neighbourhood Services Inc. counselling team. Our youth counsellors work in collaboration with each other and , therefore they may consult the other counselling staff in order to give the client the best service.

There are circumstances where disclosure of client information is required. These circumstances are outlined here:

- → There is a reasonable belief that there is a risk of imminent harm to the client or others, or any instances of abuse
- → There is a reasonable belief that a member of a health profession has abused a client
- → Disclosure has been ordered by a court

#### Consent

As a client, you are not required to answer the questions that the counsellor and the clinician ask. Any questions that may be asked by the counsellors or clinicians are posed with the best interest of the client in mind, with the aim of furthering the therapeutic session. During counselling sessions, the client will be able to direct the conversation in any direction that they so choose.

Records and documents pertaining to each client may be kept on hand for reference. These records will be securely kept confidential, where only the counsellors and social workers will have access to them.

The counselling process will include contact between the client, the counsellors and/or the social workers. This contact can take place via email, text, over the phone, via Zoom or Google Hangouts, for appointment bookings, the distribution of resources and for counselling sessions.

This consent may be withdrawn at any time during the counselling process. Clients are under no obligation to continue receiving counselling services and can terminate the professional relationship at any time.

#### **About VNS Counsellors**

You may receive services offered by qualified professional counsellors or trained youth counsellors. Both of our designated Child and Youth Counsellors have extensive training in mental health first aid, and have both received degrees in psychology from accredited universities. Further, they have both familiarized themselves with an array of mental health resources that can be used during and in conjunction with the counselling sessions. Youth counsellors are supervised closely by experienced professional counsellors.

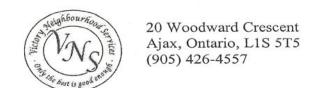
Should you have any questions regarding the qualifications of either our professional counsellors or our youth counsellors, do not hesitate to contact us.

#### Risks and Benefits

While counselling may provide significant benefits, it may also pose some risks. Speaking with a counsellor may elicit uncomfortable thoughts and feelings, or may lead to the recollection of difficult memories. In addition to this, sharing personal information can sometimes be distressing. Your feedback and communication about the counselling process and impact is crucial in reducing your risk for harm, and we encourage you to communicate any concerns or discomforts with them as soon as possible in my session.

Our counsellors are here to help. The benefits of counselling could include emotional support, gaining personal insights, learning new ways to cope with or solve problems, developing new skills and/or personal growth.

### <u>Sessions</u>



# Victory Neighbourhood Services Where "Only the best is good enough"

Each session with a counsellor is 45 minutes, and may be monthly, bi-weekly, weekly, or

| on a one-time basis. If you arrive part way through your allotted time, your counsellor may only be able to see you for the remainder of the appointment.  If you are unable to attend your appointment, please provide us with as much notice as |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| By signing below, you acknowledge that you:   |  |  |  |  |  |
| Have read and understand the above information, seeking clarification where necessary.  |  |  |  |  |  |
| Understand and accept the limitations surrounding confidentiality and accept those limitations.   |  |  |  |  |  |
| Understand the purpose, expectations, possible benefits, risks, emergency procedures, and   |  |  |  |  |  |
| confidentiality policies of the Victory Child and Youth Counselling Program.  |  |  |  |  |  |
| Consent to participate in the counselling process.  |  |  |  |  |  |
|   |  |  |  |  |  |
| Client name (please print):   |  |  |  |  |  |
| Client signature:   |  |  |  |  |  |

## **Client Registration**

| Client information   |                       |                 |      |            |  |
|--|-----------------------|-----------------|------|------------|--|
| Name   |                       |                 |      |            |  |
| Date of birth  |                       |                 |      |            |  |
| Phone number   | Is it safe to leave a | message?        | Yes  | No         |  |
| Email address  |                       |                 |      |            |  |
| Address  |                       |                 |      |            |  |
| *Note Unless otherwise indicated, this is the information that your counsellor will use to contact you for appointments. |                       |                 |      |            |  |
|  |                       |                 |      |            |  |
| Appointment information  |                       |                 |      |            |  |
| Date and time of first appointment   |                       |                 |      |            |  |
| Please indicate your preferred type of appointment   |                       | Zoom            |      |            |  |
|  |                       | Google Hangouts |      |            |  |
|  |                       | Zoom chat       |      |            |  |
|  |                       | Phone call      |      |            |  |
|  |                       |                 |      |            |  |
| Would you like us to contact you if we haven't heard from you in two weeks?  |                       | Yes             |      | No         |  |
| If yes, how? (Please circle)   |                       | Email           | Text | Phone call |  |



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